Wellesley Health Department 90 Washington Street Wellesley, MA 02481 781.235.0135

| Fee: \$50.00* | Expires: 11/30/2021 |
|--|---------------------|
| *UNDER 6 CHICKENS: \$15 6+ CHICKENS: \$50 | Permit # |

DUE MARCH 31, 2021

APPLICATION FOR A LIVESTOCK PERMIT

The following information must be provided: (Please type or print)

| NAME AND ADDRESS | | | | | | | |
|---|-------------------------|-----------------|----------------|------------------|--------------------|--|--|
| Full Name: | | | | Telephone (|) | | |
| | | Lou | | 17.0 | | | |
| Address: City | | City | | State and Zip Co | State and Zip Code | | |
| EMAIL: | | | | | | | |
| LIVI/AIL. | | | | | | | |
| | | | | | | | |
| LOCATION OF LIVESTOCK | | | | | | | |
| Address: Street name and number | | City | | State and Zip Co | State and Zip Code | | |
| | | | | | | | |
| | | | | | | | |
| | TYPE OF LIVESTOCK | | NUMBER OF | | | | |
| | | | LIVES | LIVESTOCK | | | |
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| Important: A chec | k payable to "Town of V | Vellesley" must | accompany this | application. | | | |
| I understand that I must comply with the Board of Health regulations for keeping livestock in the Town of Wellesley and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency. | | | | | | | |
| Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law. | | | | | | | |
| Social Security No. or Tax Identification Number: | | | | | | | |
| | | | I D | | | | |
| Signature of Individual | | | Date Signed | | | | |
| | | | | | | | |